

## Child Care Center Monitor Evaluation Form

Sponsor Name						CTD No.	
Date of Visit		Time of Arrival		Time of Departure		Date of last visit	
		<input type="checkbox"/> am <input type="checkbox"/> pm		<input type="checkbox"/> am <input type="checkbox"/> pm			
Type of Review							
<input type="checkbox"/> Announced		<input type="checkbox"/> Unannounced					
It is a requirement that you monitor your sites at least three times per year. Check the number of this visit.							
<input type="checkbox"/> First		<input type="checkbox"/> Second		<input type="checkbox"/> Third		<input type="checkbox"/> Fourth (if using averaging)	
Monitor Name				Title			
Provider/Site Name							
Provider/Site Address							
Person Interviewed at Site				Title of Person Interviewed			

### A. OBSERVED MEAL SERVICE

1. What meal was observed?

- ☐ **Breakfast** – consists of milk, bread, and fruit/vegetable.  
☐ **Snack (am/pm)** – consists of any two of the four food components.  
☐ **Lunch/Supper** – consists of all four food components, and the fruit/vegetable must include at least two different servings.

2. Type of meal service:    ☐ **Family Style**    ☐ **Traditional**    ☐ **Other (specify):**

Complete the following for the meal observed:	BREAKFAST	AM SNACK	LUNCH	PM SNACK	SUPPER
<b>Beginning Time of Meal Service</b>					
<b>Ending Time of Meal Service</b>					

4. List the number of meals served to the following program participants?

Infants: 0-3 months	Infants: 4-7 months	Infants: 8-11 months	Children: 1-2 years	Children: 3-5 years	Children: 6-13 years	13 yrs.-Adult

5. List foods and amounts served to participants:

	FOOD(S) SERVED	NUMBER OF MEALS PREPARED
<b>Milk</b>		
<b>Meat or Meat Alternate</b>		
<b>Vegetables and/or Fruit (two or more)</b>		
<b>Whole Grain or Enriched Bread or Bread Alternate</b>		
<b>Other Foods</b>		

6. Is the quantity of each component sufficiently prepared to meet requirements for the number of participants? ..... ☐ Yes    ☐ No
7. Was the menu served the same as posted for today? ..... ☐ Yes    ☐ No
- If not, were substitutions consistent with USDA requirements? ..... ☐ Yes    ☐ No
8. Are menu substitutions correctly documented? ..... ☐ Yes    ☐ No

9. Are medical statements on file for participants with special diets? ..... ☐ Yes ☐ No
10. Are special dietary needs of participants met without additional cost?..... ☐ Yes ☐ No
11. Were all required components served? ..... ☐ Yes ☐ No
12. Were all components served at the same time? ..... ☐ Yes ☐ No
13. Were the quantities of each component sufficiently prepared to meet meal patterns? ..... ☐ Yes ☐ No
14. Are the combination of meals/snacks claimed consistent with CACFP regulations? ..... ☐ Yes ☐ No
15. Do infants attend the center?..... ☐ Yes ☐ No  
(If yes, they must be allowed to participate in CACFP)
16. Are infant feeding records up to date? ..... ☐ Yes ☐ No
17. Do infant feeding records document required amounts of formula/food is being offered?..... ☐ Yes ☐ No
18. Do the infant feeding records meet CACFP requirements? ..... ☐ Yes ☐ No
19. Does the center have documentation it is purchasing iron-fortified infant formula/cereal? ..... ☐ Yes ☐ No
20. Does the center have an infant feeding preference on file for all infants?..... ☐ Yes ☐ No
21. Are bottles labeled with children's names? ..... ☐ Yes ☐ No

## B. RECORD KEEPING

### 1. Licensing

- a. Is the license available for review? ..... ☐ Yes ☐ No
- b. What is the current licensed capacity? ..... \_\_\_\_\_
- c. Does today's attendance exceed the capacity?..... ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

- d. Is the facility subject to licensing standards other than DHS? ..... ☐ Yes ☐ No

### 2. Enrollment – Does each participant in care have an enrollment form on file? ..... ☐ Yes ☐ No

### 3. Attendance – Is attendance recorded daily?..... ☐ Yes ☐ No

### 4. Meal Count

- a. Is the daily meal count completed at the time of meal service on a daily basis? ..... ☐ Yes ☐ No
- b. Is the monthly meal count being recorded at the site? ..... ☐ Yes ☐ No
- c. What are the meal counts for the previous five operating days (see 5-day reconciliation)?  
\_\_\_\_\_

- d. Are these consistent with today's counts? ..... ☐ Yes ☐ No

### 5. Eligibility

- a. Are all income applications kept in a safe and secured area? ..... ☐ Yes ☐ No
- b. Is there any indication of overt identification for DES beneficiaries? ..... ☐ Yes ☐ No

### 6. Costs

- a. Are all program, administrative, and operating costs being recorded? ..... ☐ Yes ☐ No
- b. Do the expenses documented exceed the amount claimed? ..... ☐ Yes ☐ No

If yes, how do you plan to cover this cost? \_\_\_\_\_

- c. Are all reported costs allowable and reported in the CACFP budget?..... ☐ Yes ☐ No

- d. Is documentation on file to support all program costs?..... ☐ Yes ☐ No

### 7. Claims

- a. Are claims being processed and payments being received in a timely manner?..... ☐ Yes ☐ No
- b. On what date did you receive your last payment? \_\_\_\_\_ For which month was this payment? \_\_\_\_\_

### 8. Records Retention – Are the facilities maintaining records per Arizona requirements/regulations? ..... ☐ Yes ☐ No

### C. TRAINING

1. Has facility staff attended training sessions conducted by the Sponsor on CACFP? ..... ☐ Yes ☐ No

DATES	TOPICS

2. Are there sign in/out sheets for the participants that attended training on file? ..... ☐ Yes ☐ No

3. Is civil rights included as a topic? ..... ☐ Yes ☐ No

### D. SANITATION AND STORAGE

1. Are foods maintained hot (140° or above) or cold (41° or below) prior to serving? (as appropriate) ..... ☐ Yes ☐ No

2. Are the floor, refrigerator, stove, cabinets, and working area sanitary and in good condition? ..... ☐ Yes ☐ No

If not, explain: \_\_\_\_\_

3. Are the trash cans lined and covered? ..... ☐ Yes ☐ No

4. Is food kept at least 6 inches off the floor and away from the walls to permit air circulation? ..... ☐ Yes ☐ No

5. Are foods used on a first-in, first-out basis? ..... ☐ Yes ☐ No

6. Are there thermometers in the refrigerator and freezer? ..... ☐ Yes ☐ No

If yes, record the temperatures: ..... Refrigerator \_\_\_\_\_ Freezer \_\_\_\_\_

7. Are chemical cleaners and pesticides kept away from food? ..... ☐ Yes ☐ No

8. Are participant's and caregiver's hands washed before handling food? ..... ☐ Yes ☐ No

9. Is the required local health inspection documentation available for review? ..... ☐ Yes ☐ No

10. If problems were noted during the last inspection, have they been corrected? ..... ☐ Yes ☐ No

11. Is any food in rusted, dented, unlabeled, or bulged containers? ..... ☐ Yes ☐ No

### E. CIVIL RIGHTS

1. Is there any separation by race, color, national origin, sex, or handicapping condition? ..... ☐ Yes ☐ No

2. Is the staff able to explain the process for making civil rights complaints? ..... ☐ Yes ☐ No

3. Does the facility have a copy of the Complaints for Discrimination on file? ..... ☐ Yes ☐ No

4. Give number of participants:	AFRICAN AMERICAN	HISPANIC	AM. INDIAN ALASKAN	ASIAN OR PACIFIC ISLDR.	WHITE	TOTAL
a. Current Enrollment (by racial/ethnic group)						
b. Actual Number of Participants at Meal Observed (by racial/ethnic group)						

5. When did you last evaluate the quality and availability of services to handicapped persons? .....

6. Is the "And Justice For All" poster displayed in a prominent place? ..... ☐ Yes ☐ No

**F. FINDINGS AND RECOMMENDATIONS**

1. List problems identified:

2. Recommendation – Indicate corrective action needed:

Proposed date of next review: ..... \_\_\_\_\_

_____	_____	_____	_____
Signature – Monitor	Date	Signature – Director	Date

## CACFP Meal Count Reconciliation For Multiple Site Sponsors

Total # Children Enrolled (based on claim): \_\_\_\_\_

Number in attendance (based on sign in/out sheets):

Meal Service Times	Meal	1 Day Before Date:	2 Days Before Date:	3 Days Before Date:	4 Days Before Date:	5 Days Before Date:
	Breakfast					
	AM Snack					
11:00-1:00	Lunch					
	PM Snack					
5:00-7:00	Dinner					
	Eve Snack					

Number of children claimed (based on meal counts):

Meal	1 Day Before Date:	2 Days Before Date:	3 Days Before Date:	4 Days Before Date:	5 Days Before Date:
Breakfast					
AM Snack					
Lunch					
PM Snack					
Dinner					
Evening Snack					

Explain any discrepancies between the number in attendance and the number claimed: \_\_\_\_\_

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Sponsor Signature

Date

This institution is an equal opportunity provider and employer.